



**south dakota**  
**DEPARTMENT OF EDUCATION**

South Dakota State Library

**Registration Form**

**LIBRARY TRAINING INSTITUTE 2008  
REGISTRATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip +4:** \_\_\_\_\_

**Library:** \_\_\_\_\_

**Library Address:** \_\_\_\_\_

**Library City:** \_\_\_\_\_ **Zip +4:** \_\_\_\_\_

**Library Phone:** \_\_\_\_\_ **Hours Available:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_ **Name Badge:** \_\_\_\_\_

**Staying in Dorm? Yes/No:** \_\_\_\_\_ **If "No" go to last question.**

**Smoking? Yes/No:** \_\_\_\_\_ **Prefer a Roommate? Yes/No:** \_\_\_\_\_

**Assign Roommate? Yes: \_\_\_ No, I choose Roommate:** \_\_\_\_\_

**Bunk Bed preference? Top/Bottom:** \_\_\_\_\_

**Anything else to note? Special diet/allergies:** \_\_\_\_\_

FAX to: 605-773-6962

MAIL to: CE Coordinator  
South Dakota State Library  
800 Governors Drive  
Pierre, SD 57501-2294

DEADLINE: April 7, 2008

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_